

MDR Tracking Number: M5-04-1844-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 2-23-04.

The following disputed date of service was withdrawn by the requestor on April 1, 2004 and will not be included in this decision: 5/30/03: CPT code 97014 (electrical stimulation) only.

The Medical Review Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the office visits, manual traction, joint mobilization, therapeutic exercises, unlisted procedures, electrical stimulation, regional manipulation, supplemental manipulation, and chiropractic manipulations from 3/25/03 through 8/16/03 were not medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity fees were the only fees involved in the medical dispute to be resolved. As the services listed above were not found to be medically necessary, reimbursement for dates of service 3/25/03 through 8/16/03 are denied and the Medical Review Division declines to issue an Order in this dispute.

This Decision is hereby issued this 17<sup>th</sup> day of June 2004.

Regina L. Cleave  
Medical Dispute Resolution Officer  
Medical Review Division  
RLC/rlc

June 2, 2004

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IRO #: 5251

\_\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to \_\_\_\_ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the care rendered to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Doctor of Chiropractic. The reviewer is on the TWCC Approved Doctor List (ADL). The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

\_\_\_ was injured on his job as a pizza delivery driver when he was walking up some steps and tripped over a step that he did not see. He reported cervical, thoracic and lumbar pain as well as pain in the left shoulder. He reported that in his fall he was attempting to stop himself by extending his left arm. The accident occurred on \_\_\_ and he began treatment with \_\_\_ on August 21, 2002. MRI of the left shoulder was performed on December 2, 2002 and was largely negative for any form of frank pathology. On that same day, MRI was performed on the lumbar spine, which indicated a 1-2 mm broad-based bulge at L4/5 and a slight retrolisthesis at L5/S1, which is degenerative in nature. The retrolisthesis is associated with a bulge that contacts the S1 nerve root on the right. An FCE was performed by the treating clinic on January 9, 2003, which indicated a medium work capacity by the patient. A narrative which accompanies the FCE indicates a 5% impairment rating, but there is no indication that MMI was reported at that point in time. Included in the doctor's notes is a spinal analysis using lines of mensuration. A peer review is presented by the insured, performed by \_\_\_. The findings of the review indicate that the reviewer believed the patient's impairment to be 5% upon MMI. He found the cervical spine to be not compensable and said that he found no report of the cervical spine at any part of the history of the injury. He found care after 8 weeks to not be reasonable or necessary. He stated that 80-90% of all back injuries self resolve in 8 weeks. \_\_\_ did state that "If symptoms continue beyond 8 weeks treatment, the time frame in which most people will recover even without treatment, ongoing treatment cannot be seen as effective and should be discontinued."

SOAP notes from the providing clinic are computerized and seem to be of a template nature. Each daily note indicates that the patient is "greatly improved", however, the treatment continues on a regular basis with very extensive passive and active care, along with chiropractic therapy.

### DISPUTED SERVICES

The carrier has denied the medical necessity of office visits, manual traction, joint mobilization, therapeutic exercises, unlisted procedures, electrical stimulation, regional manipulation, supplemental manipulation and chiropractic manipulation as medically unnecessary.

### DECISION

The reviewer agrees with the prior adverse determination.

### BASIS FOR THE DECISION

The reviewer finds that the care was not within any established guideline and neither did the provider document the necessity for this care. The SOAP notes were very telling in this case, as the patient was consistently “greatly improved”, but care continued almost unabated for months. The care rendered was extremely extensive, but was not documented to have had a positive effect on this patient’s ability to return to his workplace or to help alleviate his symptoms. Of note, however, is the peer reviewer’s contention that treatment should not go past 8 weeks because that is the amount of time it takes to heal on its own. Such a statement would be appropriate only in an uncomplicated injury. Clearly, this case was complicated by a sacral nerve displacement and warranted care and procedures that one would not see in a sprain/strain type of injury. However, the care rendered in this case was not documented for its medical necessity by the treating provider. As a result, the reviewer is unable to find for medical necessity in this case.

\_\_\_ has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. \_\_\_ has made no determinations regarding benefits available under the injured employee’s policy

As an officer of \_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_ is forwarding this finding by US Postal Service to the TWCC.

Sincerely,